



Assessing CPS Programming in Marginalized and Underserved Communities

Becky Tamosaitis
Blanca Villasenor
Britney Lombard



**Phoenix
Children's**

Child Passenger Safety Measurement of Car Seat Knowledge and Student Growth

**Blanca Villaseñor, CPS-I
Sr. Injury Prevention Specialist
Injury Prevention Program**



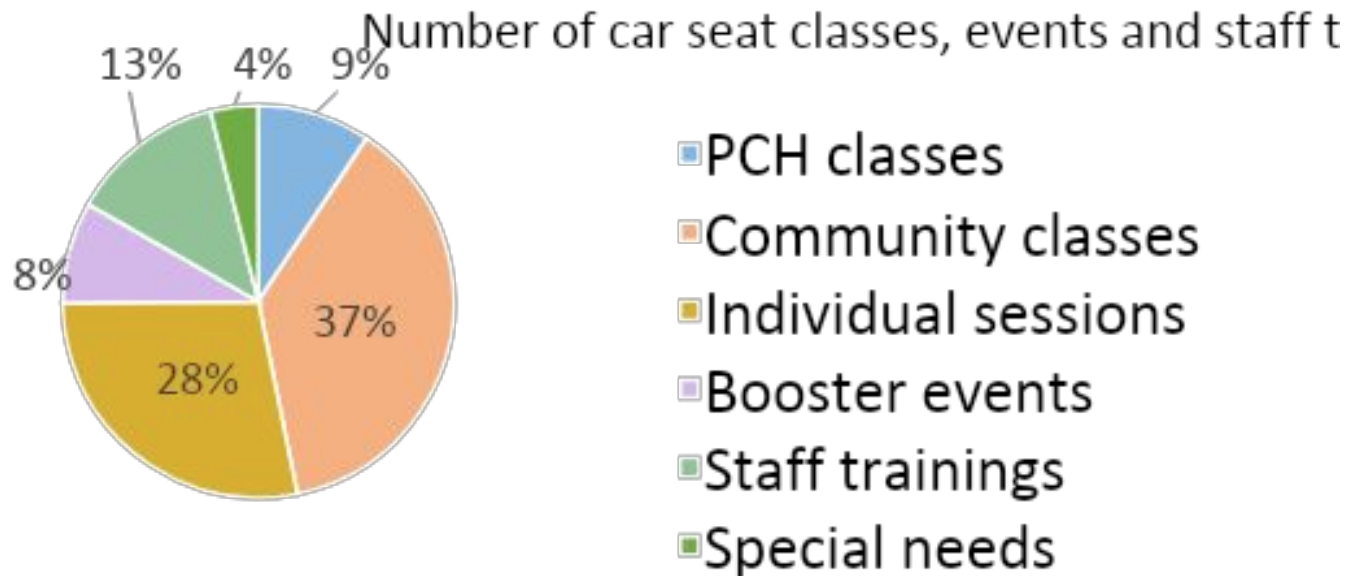


**Phoenix
Children's®**





Interactions 2022



Child Passenger Safety Classes



Bi-monthly, free of charge

- Parents/caregivers of children from 0 to 8 years of age

National Certified Child Passenger Safety Technician

- 4 staff members

One car seat per child

- Children not allowed in class

Only requirement

- Register and participate during the entire class

During class



Phoenix
Children's®

- Complete pre - test
- In-class education
 - Rear-facing
 - Forward-facing
 - Belt positioning boosters
 - Seat belt
- Seat belt vs LATCH
- Harness adjustment
- Recalls, replacing and expiration of car seats
- Complete post – test
- Receive car seat(s)
- Installation in own vehicle



Pre-test

English/Spanish

Complete before class begins

Instructor collects pre-test

Provide educational materials



Name: _____ Date: _____

REAR-FACING CAR SEATS /5

1. Keep your child rear-facing until _____.
a) the age of 2 b) they reach the maximum limits of their car seat
2. When your child is rear-facing, the harness should be in the slots _____.
a) at or ABOVE your child's shoulders b) at or BELOW your child's shoulders.
3. Rear-facing car seats should recline at a _____ to _____ degree angle (from the vehicle's seat back, straight up being zero degrees).
4. True or False: For a safer installation, use both the seatbelt, AND the lower anchors and top strap (of the LATCH system) at the same time.
5. True or False: The chest clip should be placed at your child's armpit level while riding rear-facing AND while riding forward-facing.

FORWARD-FACING CAR SEATS /4

6. True or False: A 16-month-old baby, weighing 24 pounds, should ride forward-facing.
7. When your child is forward-facing, the harness should be in the slots _____.
a) at or ABOVE your child's shoulders b) at or BELOW your child's shoulders
8. A "tightly" installed car seat should move less than _____ inch (es). Check for tightness at the seatbelt path.
9. Tighten the harness, _____.
a) until you can fit a flat hand between the harness and your child
b) until you can pinch one inch of slack
c) until it is snug, and you cannot pinch any slack

BOOSTER SEATS /3

10. Your child should ride in a booster seat until they are about _____ feet _____ inches tall.
11. If your vehicle's back seat is a bench seat (that is flat across the top), your child should use a:
a) high back booster b) backless booster
12. A booster seat can be used with
a) only a lap belt b) only the lap AND shoulder belt



Post-test

Complete post-test

- Same questions as pre-test + demographics

Install car seat(s)

FOR ADMINISTRATIVE USE ONLY

Child's Age: _____

Car Seat 1 RF Convertible FF Convertible Combo Booster
Installed Correctly Uninstalled Yes No Seatbelt Lower Anchors Tether
of attempts _____

Child's Age: _____

Car Seat 2 RF Convertible FF Convertible Combo Booster
Installed Correctly Uninstalled Yes No Seatbelt Lower Anchors Tether
of attempts _____

Child's Age: _____

Car Seat 3 RF Convertible FF Convertible Combo Booster
Installed Correctly Uninstalled Yes No Seatbelt Lower Anchors Tether
of attempts _____

Tech Initials: _____ Pre _____ Post _____

Comments:



Phoenix Children's

POST-TEST

SIMPLE STEPS TO CHILD PASSENGER SAFETY

Name: _____ Date: _____

HIGHEST GRADE LEVEL COMPLETED

- | | |
|---|--|
| <input type="checkbox"/> High school (grades 9-12), no degree | <input type="checkbox"/> High school graduate (or GED) |
| <input type="checkbox"/> Some college (1-4 years, no degree) | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> College degree (Bachelor's, Master's, PhD) | <input type="checkbox"/> NA |

HOW OLD ARE YOU?

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 15-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65+ | | |

HAVE YOU ATTENDED A CAR SEAT CLASS BEFORE?

Yes No

HAVE YOU INSTALLED A CAR SEAT BEFORE?

Yes No

RELATION TO CHILD: Parent/Caregiver Grandparent Other: _____



Phoenix
Children's®

Data Collection

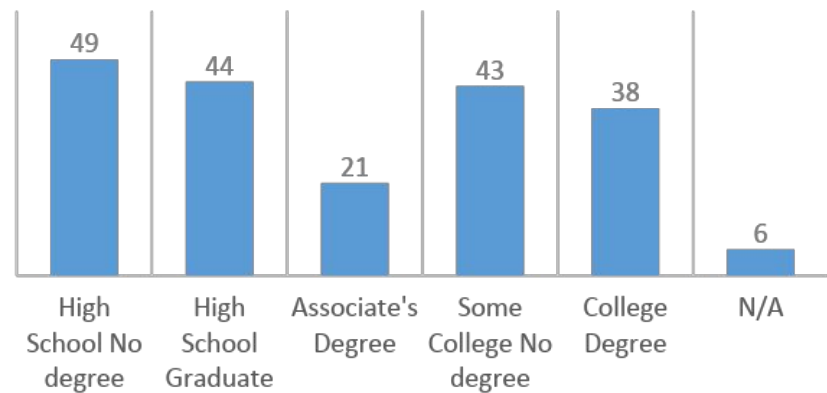
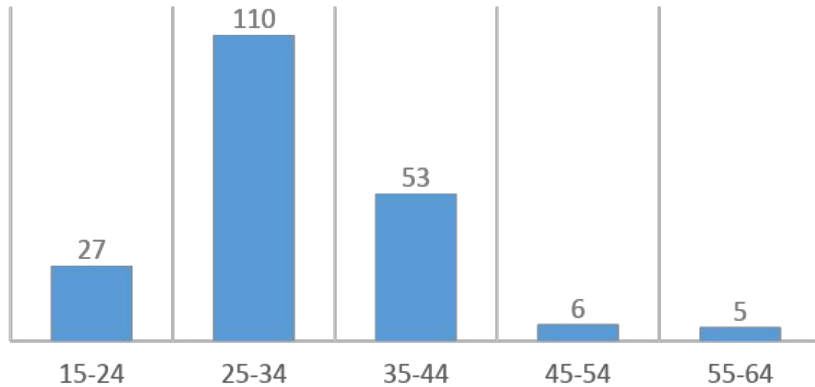
- Excel spreadsheet
 - Pre and Post test scores
 - Language
 - Demographics
 - Type of car seat(s) received
 - Method of installation
 - Installed correctly and # of attempts
- 2022
 - 201 parents/caregivers
 - Excluding late arrivals and incomplete forms



Findings - Demographics



Age



97% of participants are the parent/primary caregiver

Findings - Demographics



Attended car seat class before

- No - 154 participants (77%)
- Yes - 47 participants (23%)

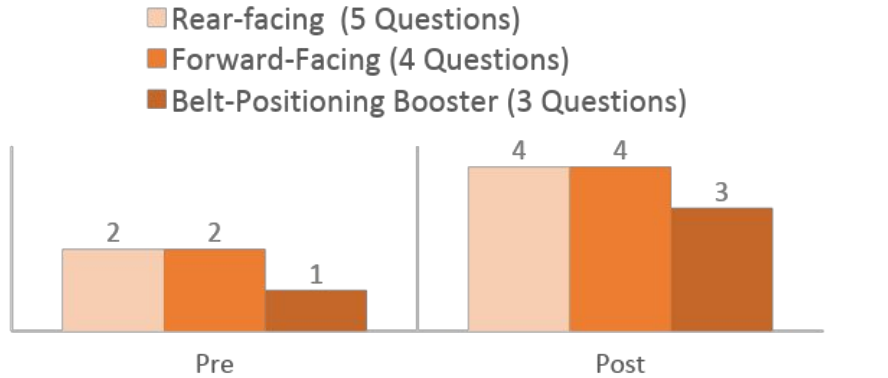
Installed a Car Seat before

- Yes - 153 participants (76%)
- No - 48 participants (24%)

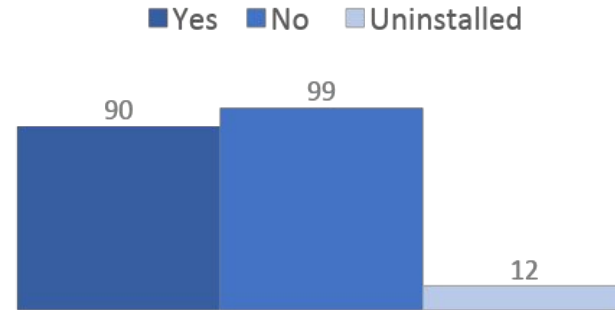


Car Seat Knowledge

Average Scores



Installed Correctly (first attempt)



Implications for Practice

- Test scores demonstrate car seat knowledge after class and hands-on
- Scores increase by each section
- Improves instruction teaching methods
- See a trend in most missed questions



Growing Our Program



- Injury Prevention Researcher
- Initiate Quality Improvement Study
- Implement Longitudinal Car Seat Study
- Sustain & Further Funding



Thank you!

Blanca Villaseñor, CPS-I
Sr. Injury Prevention Specialist

bvillasenor@phoenixchildrens.com
(602)933-3355



**Phoenix
Children's®**

Thoughtfully Integrating Equity in Child Passenger Safety Programming





Britney Lombard

Pronouns: She/They

Injury Prevention Manager

Children's Hospital Colorado

Safe Kids Colorado state lead

CPST-I, STAC, Car Fit, FLSE1



Disclosures and Acknowledgements

- I am a member of the National Child Passenger Safety Board, but I am not speaking on behalf of the Board today.*
- Creating equitable programming requires addressing individualized needs.*
- I want to acknowledge the collaboration of Sheila Galindo Vazquez in this work*



Learning Goals



Create a comfortable space



Introduce terminology and discussing our practice map



Share our process including data and outcomes

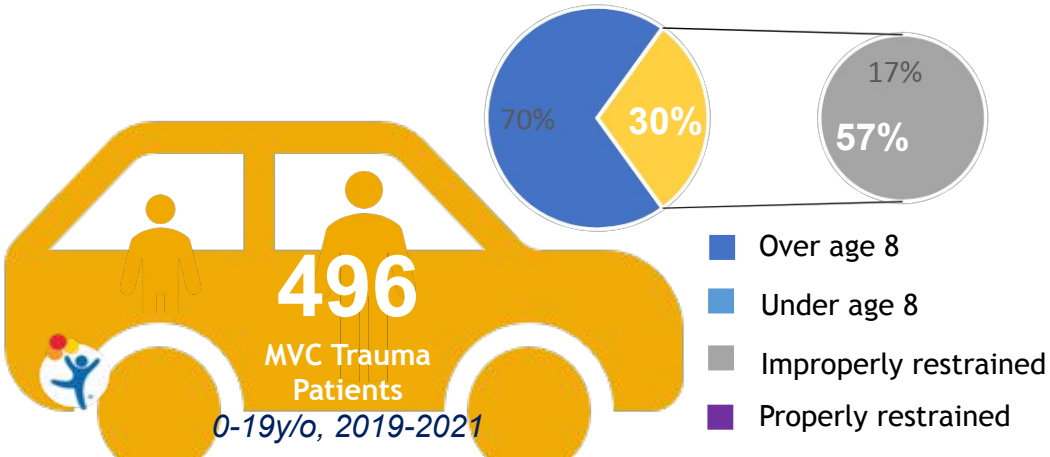
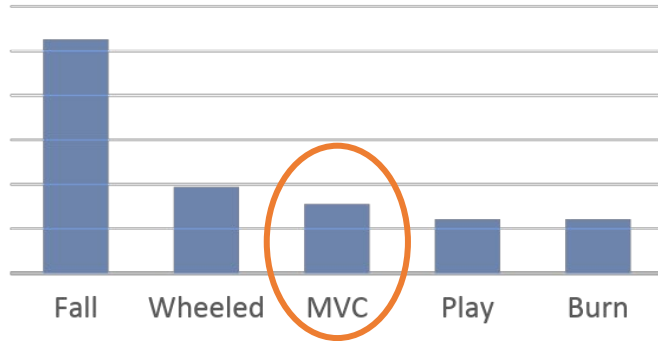


Create judgement-free environment

Children's Hospital Colorado

Car Seat program overview

2019 - 2021 Trauma Review



Car Seat and Booster Distribution

- 715 low-cost car seats distributed
- 1,317 car seats and boosters sold from Safety Store



Caregiver and Clinical Education

- 1,035 car seats checked
- 105 families assisted with adaptive car seats
- Resident trainings



CPST Training

- 50+ CPSTs network-wide
- 12 STAC trained
- 38 "fitters" trained for ATT setup
- Support CPSTs through recertification for sustainability

How did we get here?



2019 car seat distribution data assessment



Large Injury Prevention team



Only 37% of car seat vouchers redeemed



Only 76 car seats and 4 boosters distributed in 2019



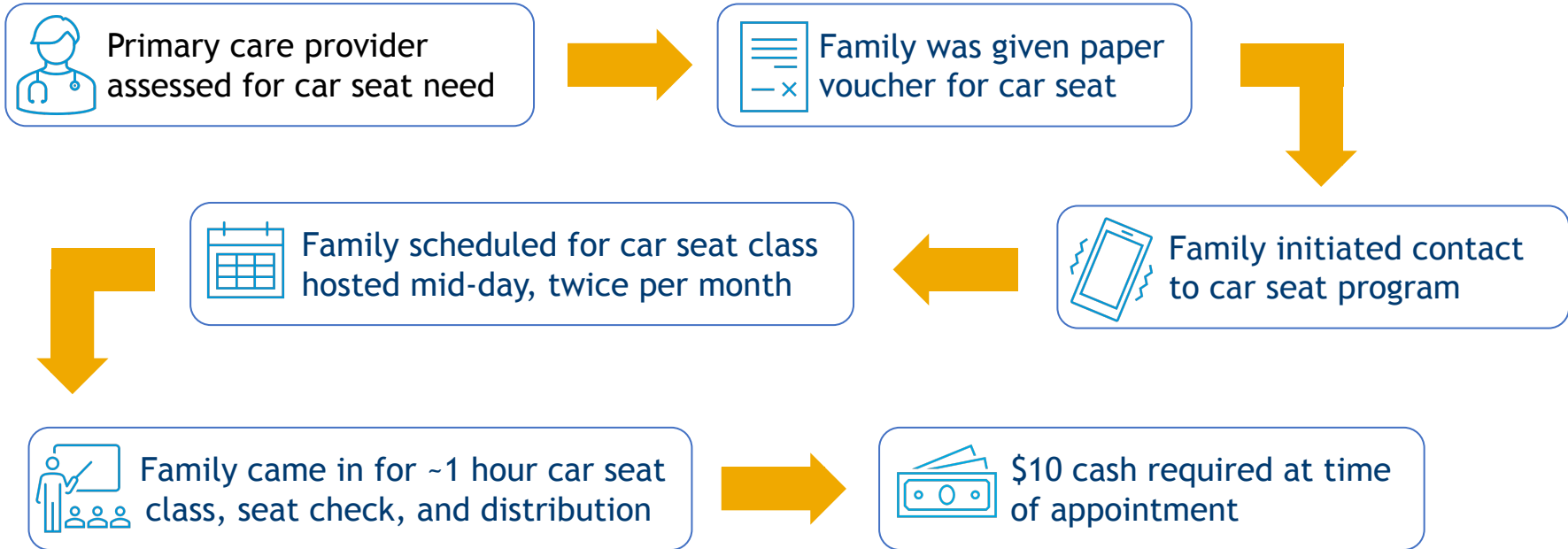
This was a wakeup call to program barriers



We had an opportunity to completely reimagine our program

Distribution Program

Previous structure, 2019 and prior





“**How** we teach

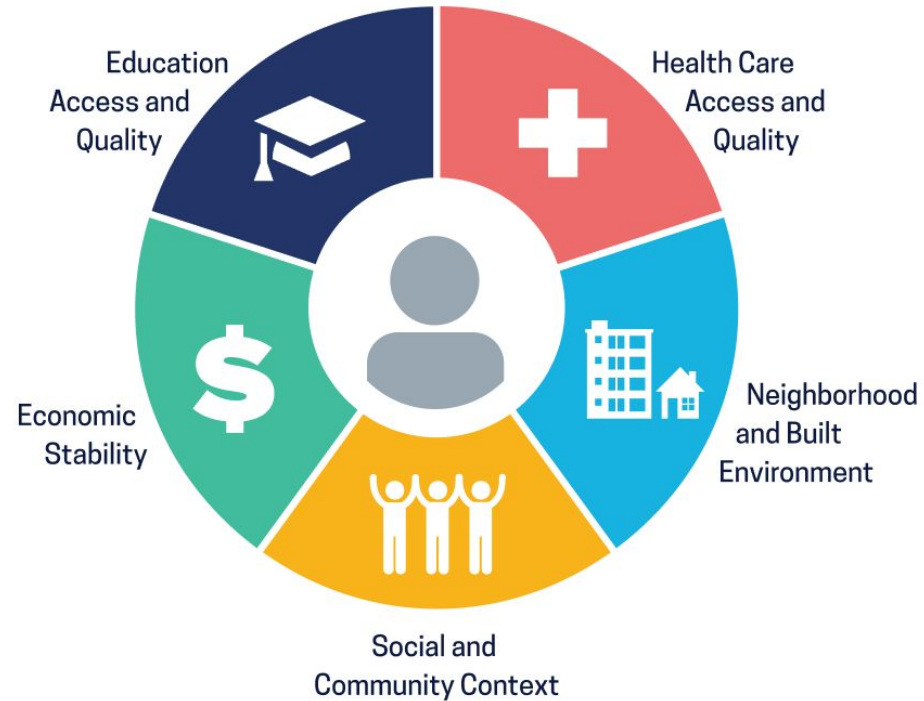
is just as important as

What
we teach”

Social Determinants of Health

“Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” -US Dept. of Health and Human Services

SDOH tell us WHO most needs our consideration and support

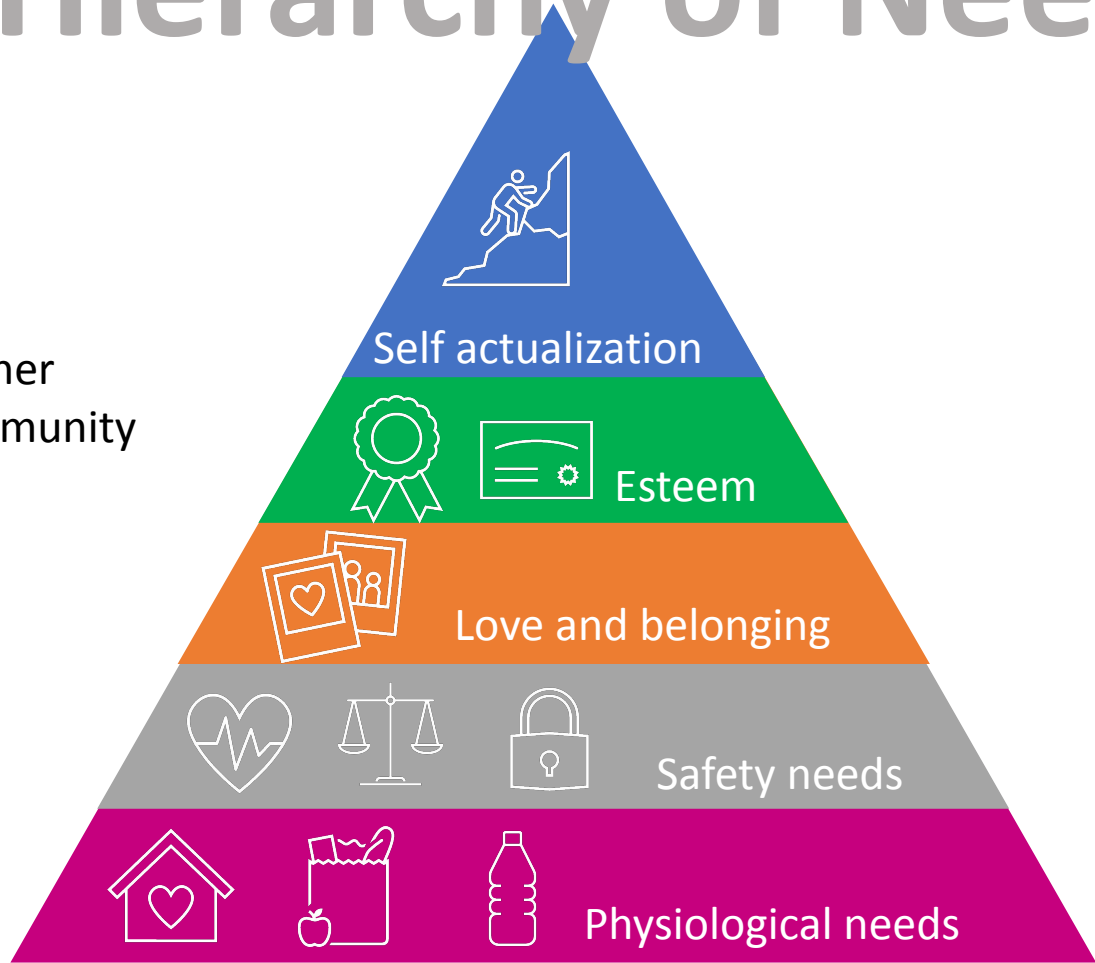


Maslow's Hierarchy of Needs



Where is the family?

Can you help them navigate other needs through referrals or community partnerships?



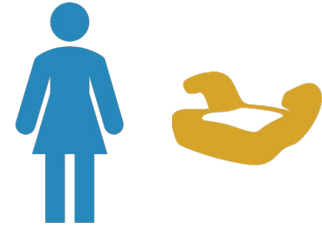
Equality

Everyone given access to same resources or opportunities



Equity

Resources or opportunities allocated to support equal outcome



Justice

Fixing the SYSTEM to offer equal access to tools and opportunities



4 I's of Oppression

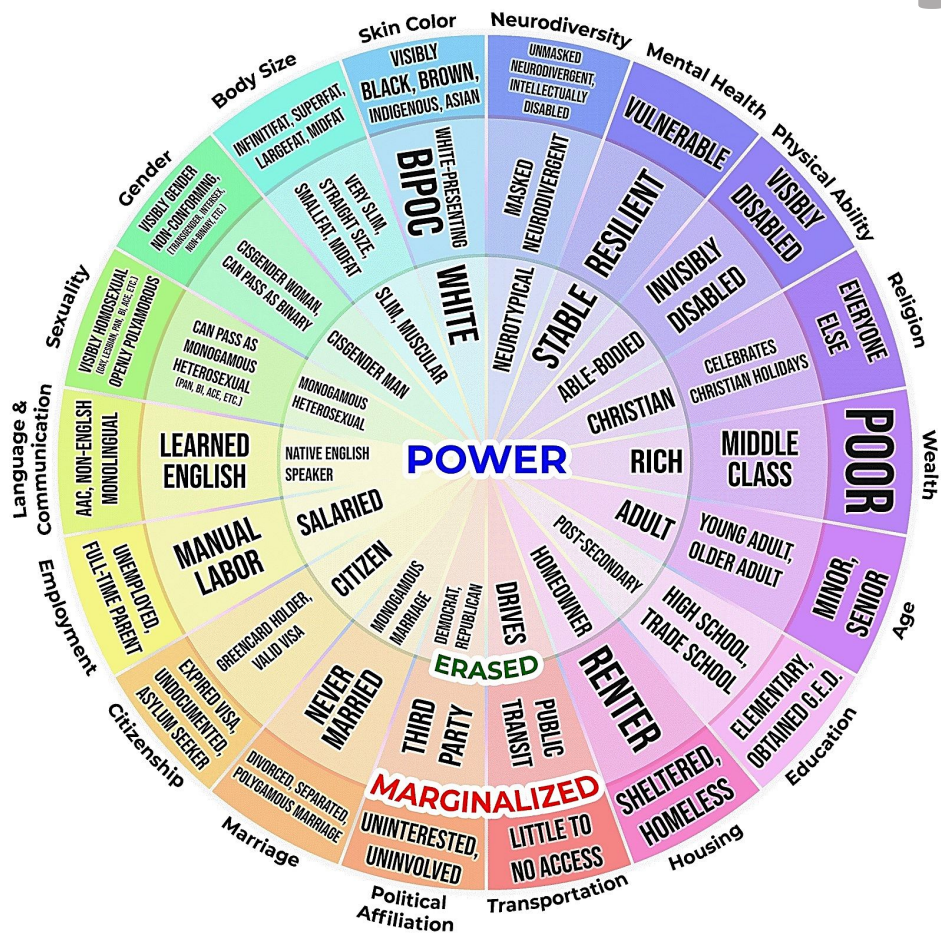


Further learning:
“Legos and the 4 I's of Oppression”
video by Eliana Pipes



INTERSECTIONALITY WHEEL OF PRIVILEGE

As Observed in the USA



Power and Privilege

Intersectionality:

Acknowledging that people can face marginalization and oppression within multiple levels of social identities that may intersect making the individual's experience unique giving them opportunities or disadvantages.

Distribution Program

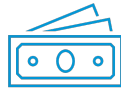
Assessing pain points



Paper vouchers were getting lost, designed for one child



Back and forth calls and messages



Price structure wasn't feasible for all families



Class schedule did not accommodate caregivers



Policies did not align with family needs



Using Data Support

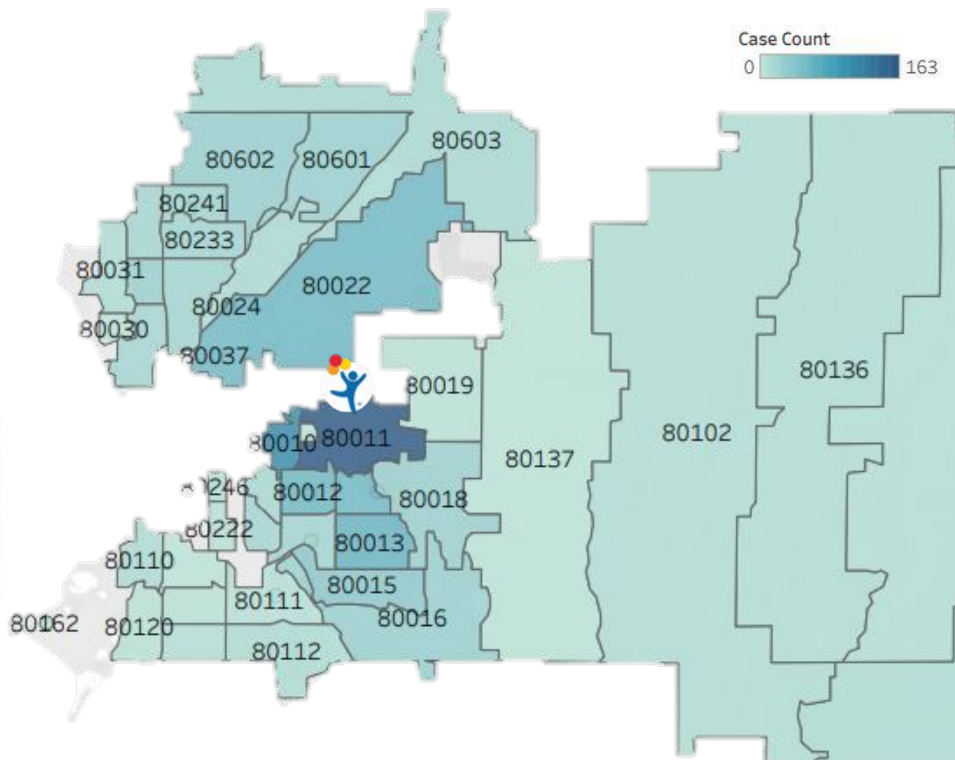


Age group 0-3: 78 total hospitalizations



Age group 4-9: 239 total hospitalizations

Zip Code	County	
80011	Adams	17.8%
80010	Arapahoe	11.6%
80013	Arapahoe	6.7%
80012	Arapahoe	6.1%
80022	Adams	5.9%

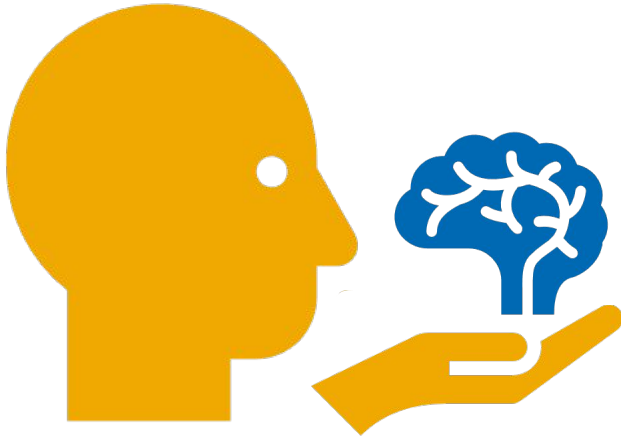


Hospitalizations by home zip code, Motor Vehicle Occupant
Data collected from 1/1/2020-3/31/2022

Language Inclusivity

Person-first vs. Identity-first

Take guidance from minoritized communities



“Person with a disability”



“Disabled person”

Language Inclusivity

Asset-based vs. Deficit-based



“Multi-lingual”



“English as a second language”

Interpreter Services

Best Practices



Introduce yourself, share background information for the appointment



Allow extra time to explain concepts that may not have language equivalents



Avoid idioms/slang, speaking louder than normal, infantilizing language



Always speak to the caregiver using first person language



Speak at an even pace, in short segments to allow translator to check for understanding



Do not have private conversations in the family's presence



Disability Community

Terminology Matters

Does our language usage resonate with the community?



Instead of..



We are using..

“Special Needs tech” “Adaptive trained tech”

“Special Needs car seat” “Adaptive/Medical seat”

“Wheelchair bound” “Wheelchair user, mobility aid”

“Handicapped” or “Differently abled” “Disabled person” or “Person with a disability”

“High/low functioning Autism” “Autistic” or “Person with Autism”

Families all look different



Instead of...

“Mom and Dad”

“An extra base for mom/dad’s car”

“Pregnant mom”

“Birth/biological parent”

“His or hers”



We are using...

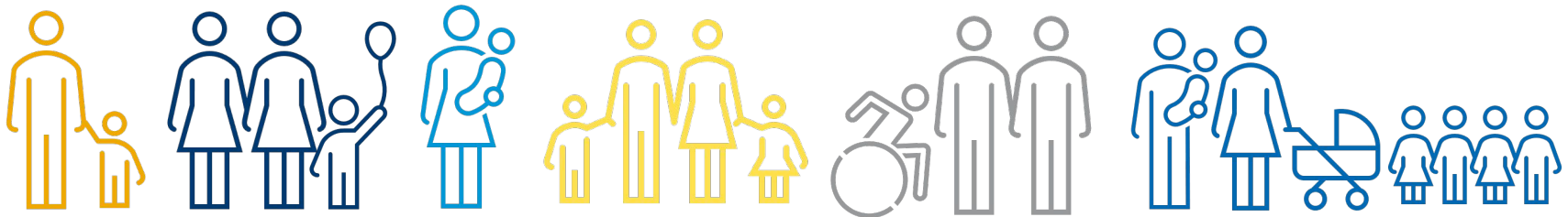
“Caregiver/s”

“An extra base for other adults”

“Expectant parent”

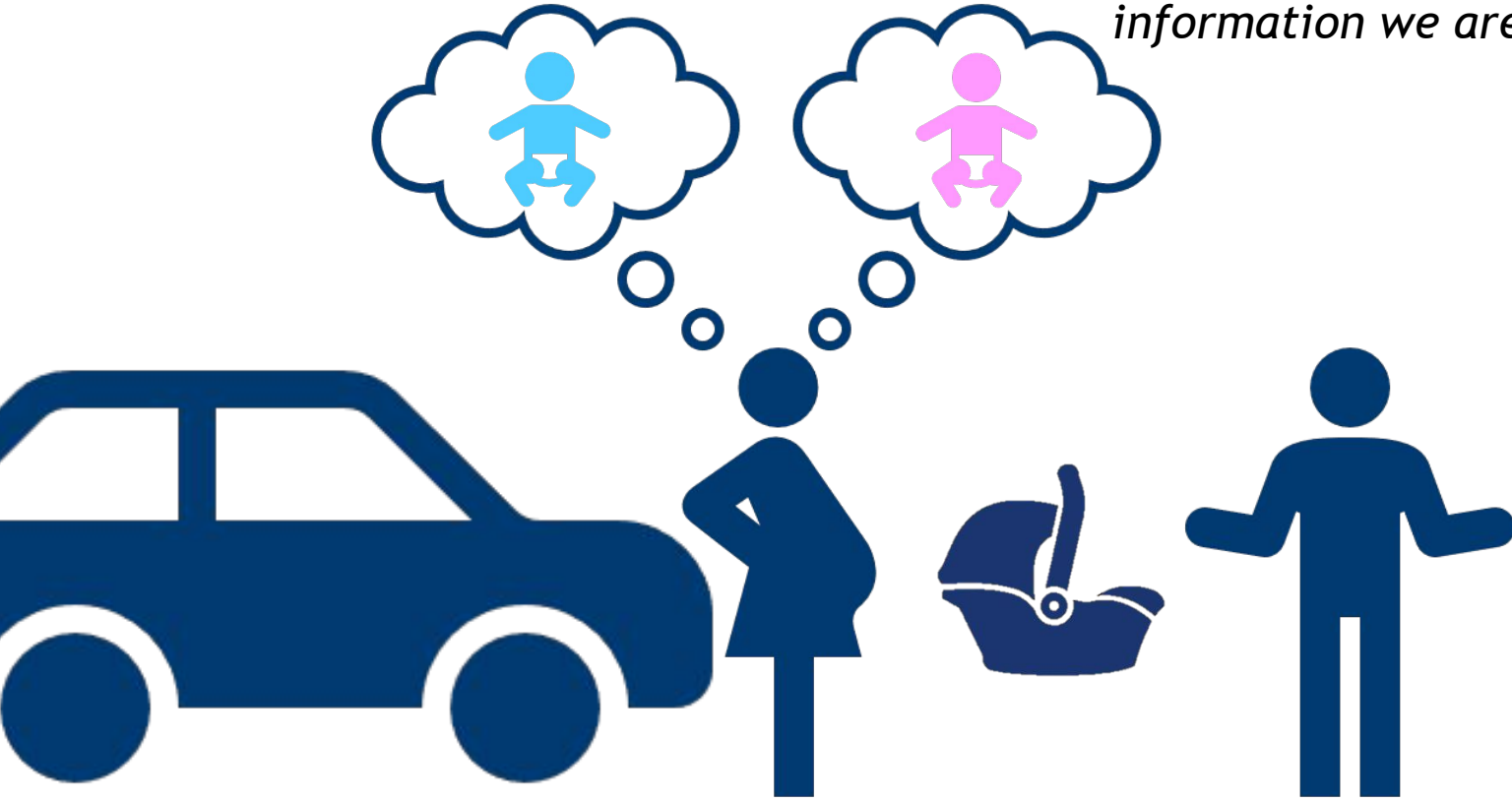
“Primary caregiver”

“Theirs”



“Are you expecting a boy or a girl?”

*Does the answer effect the
information we are going to teach?*



Inclusive tip:

Try NOT asking the baby's expected gender, it's a great way to gain experience and comfort using non-gendered terminology!





Technicians in uniform: how can you remove barriers?

- Partner with a local retailer or public library instead of hosting at your station
- Host seat checks out of uniform
- Ensure and communicate that caregivers coming for help will not be ticketed
- Consider what personal identifiers are truly needed
- Participate in community events for opportunity for positive non-emergent engagement





Distribution Program

Process improvement



Implemented direct referral system, no more paper vouchers



Car seat cell phone is used to call and screen entire families, text reminders are sent



Other language speaking caregivers are scheduled with interpreter services



Fee requirement removed; optional \$10 donation is accepted but not required for services



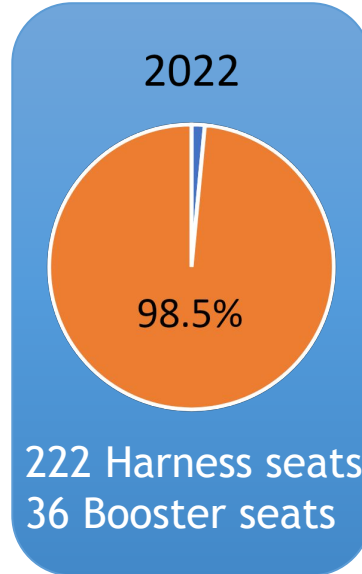
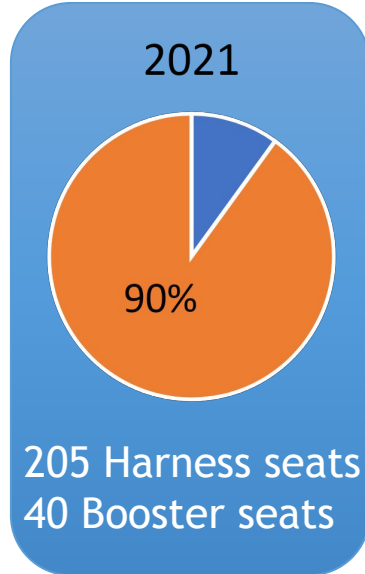
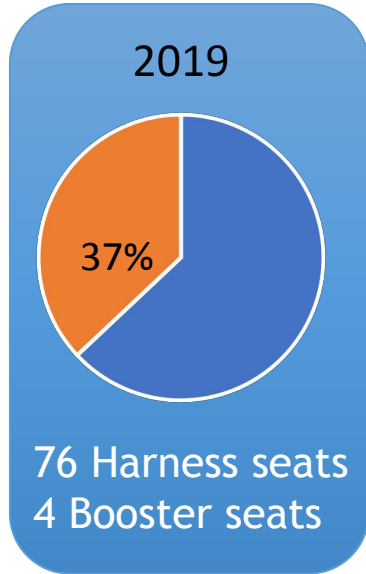
1:1 appointment options, after hour/early bird appointments when needed

Distribution Program

Measuring Success

Voucher Redemption Rates:

■ Referrals completed ■ Referrals missed



292% increase in car seats distributed
900% increase in booster seats distributed



Continuing The Work



Working toward equity is
a continual **PROCESS**



Questions?

Thank you for joining us!



Stay connected to continue collaboration:

Britney.Lombard@childrenscolorado.org



Children's Hospital Colorado
Here, it's different.™

QR to PDF of slides



Thank you.



SAFE
KIDS
WORLDWIDE.